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UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO. 04-10451-RWZ  
CIVIL ACTION NO. 04-10717-RWZ

JOSEPH SCHMITT,  
Plaintiff,

v.

JEFFREY SMITH, et al.,  
Defendants

AND

JOSEPH SCHMITT,  
Plaintiff,

v.

PATRICK MULVEY, et al.,  
Defendants.

AFFIDAVIT OF NATALYA PUSHKINA

I, Natalya Pushkina, do on oath depose and state:

1. I am presently employed as the institutional librarian at the Massachusetts Treatment Center ("Treatment Center") located in Bridgewater, Massachusetts. I have held this position since January 2003.
2. The incarcerated population at the Treatment Center, which includes inmates, civil detainees, and civil commitments ("inmates/civils"), regardless of whether they are indigent, are afforded supplies, free of charge, for filing their cases with the courts.
3. These supplies include lined writing paper, 20 sheets per month, typing paper, two sheets at the time, pencils and pens, one per month, and unlimited envelopes, which must be addressed to someone concerning their legal matters, such as a court clerk, attorney, or a qualified examiner, prior to the inmate/civil leaving the library. The inmates/civils are

EXHIBIT

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also provided with copying of their legal documents, free of charge.

4. The inmates/civils have free use of the five typewriters, including corrective ribbons, which are available on a first come, first served basis at the library. On occasion, the inmates/civils may have to wait to use the typewriters. However, they are given the first priority as soon as one is available.

5. If the inmate/civil needs more than the allotted two sheets of typing paper, he may request, and will receive, more as needed. Similarly, if the inmate/civil's pen should run dry, he will be provided with another.

Signed under the pains and penalties of perjury this 20<sup>th</sup> day of April 2006.



Natalya Pushkina

Attachment A  
OBR No. 06-043MASSACHUSETTS TREATMENT CENTER  
OBSERVATION OF BEHAVIOR REPORT

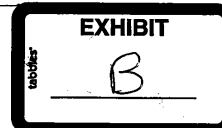
Resident Name Joseph Schmitt Comm. No. M81137 Unit D-2  
 Date 2/3/06 Time 1030 Reporting Staff Dankiewicz  
 Behavior Observed \_\_\_\_\_ Code No. B-17, C11  
 Witness (if any) Manuel Botelho  
 Referred to District Attorney \_\_\_\_\_

Type or print in INK your report of the noted behavior. Use the reverse if more space is necessary.

On 2/3/06, at 10:30am, I, IRS officer John Dankiewicz, concluded through self-admission that on Feb 1, 2006 Resident Schmitt attempted to exchange his type written ribbon for a Learning Center Ribbon. Resident Schmitt ~~stated~~ reported that the ribbon #4 was in need of replacement upon inspection of the Smith Corona Ribbon Library aide Manuel Botelho determined that the ribbon Resident Schmitt turned in was not the one he was issued upon arrival to the library. Resident Schmitt removed the label from the ribbon issued and placed it on a ribbon that he brought to the library. On 2/3/06, the actual Library Ribbon was found on a shelf.

Has the resident been placed on pre-hearing restriction? No ☒ Yes \_\_\_\_\_ Approved By \_\_\_\_\_

Type of Restriction(s) \_\_\_\_\_

Reporting Staff signature [Signature] Date 2/3/06 shift/days off 7-3  
STSShift Commander signature [Signature] Date 2/3/06Finding and sanction if any Dismiss B-17. Guilty C-11 5 days loss of library.Appeal results Waived 2/7/06Reviewing Authority [Signature] Date 2/3/06

Attachment C

DEPARTMENT OF CORRECTION  
 MASSACHUSETTS TREATMENT CENTER  
 OBSERVATION OF BEHAVIOR REPORT  
 WAIVER OF HEARING/ENTRY OF GUILTY PLEA

I have been advised that I have the right to appear before the Behavior Review Committee Board concerning the charges pending against me in Observation of Behavior Report #(s) 06-043

I **DO NOT** wish to appear before the BRC and hereby waive my appearance. I hereby enter a plea of guilty concerning the charges pending but reserve the right to appeal any sanctions which may be imposed. I am signing this document of my own free will and am under no duress, coercion or threats and fully understand the contents and meaning of this document. I have been informed that the BRC members are as follows:

*Robt. Benjamin*      *[Signature]*      *[Signature]*  
 Chairperson      Board Member      Board Member

I have no objections to these staff members considering the disposition in this case.

<u><i>JOSEPH SCHMITT</i></u>	<u>1781137</u>
Resident Print or Type Name	Commitment Number
<u><i>[Signature]</i></u>	<u>2-7-06 11 AM</u>
Resident Signature	Date/Time
<u><i>L.T. BENJAMIN</i></u>	<u>D-OFFICER, Lt.</u>
Staff Witness Print or Type Name	Title
<u><i>[Signature]</i></u>	
Staff Witness Signature	

Based on the inmates plea of guilty on the charge(s), and the information provided in the reporting staff member's report, the resident is found guilty and the following sanction(s) imposed for the following reasons (attach additional pages if necessary):

Dismissed B17 GUILTY C-11 5 days loss of library

The resident has been given a copy of this document and has been advised of his right to appeal this matter in writing to the Superintendent within fifteen (15) days.

*[Signature]*      *3/1/06 11:00 AM*  
 Staff Signature      Date/Time

Deputy Superintendent of Operations

Date/Time

Attachment C

DEPARTMENT OF CORRECTION  
MASSACHUSETTS TREATMENT CENTER  
OBSERVATION OF BEHAVIOR REPORT RECEIPT

OBR No(s) 06-043 Date 2-3-06

Treatment Center Resident Admitt, Joseph Comm. No. 1471137  
was given his copy/copies of the OBR(s) listed above as well as a Representation, Witnesses, Evidence  
and/or Tape Recording Form

Served By Lt. Benjamin Date 2-7-06  
Signature [Signature] Time 1:00 PM

ACKNOWLEDGMENT OF SERVICE

Resident's Signature [Signature] Date 2-7-06 Time 10:45 AM

I personally delivered copies of OBR(s) listed above as well as a Request for Representation,  
Witnesses, Evidence and/or Tape Recording Form to resident  
And he refused to sign the acknowledgment of service.

Staff Person's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Time \_\_\_\_\_

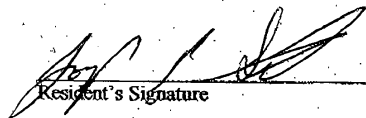
Comments:

Staff Person's Signature \_\_\_\_\_

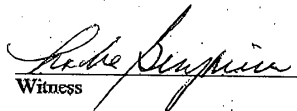
PLEASE RETURN TO DEPUTY'S OFFICE

DEPARTMENT OF CORRECTION  
MASSACHUSETTS TREATMENT CENTER  
BEHAVIOR REVIEW COMMITTEE  
APPEAL WAIVER

I, Resident JOSEPH SCHWARTZ, do hereby waive my right to appeal  
OBR number(s) 04-043, and would like to begin serving my sanction  
Immediately. I am signing this document of my own free will and am under no duress, coercion or  
Threats.  
Thank you for your consideration in this matter.

  
Resident's Signature

2-7-06  
Date

  
Witness

2-7-06  
Date